

MINNESOTA POLLUTION CONTROL AGENCY HAZARDOUS WASTE DIVISIO 520 LAFAYETTE ROAD ST. PAUL, MINNESOTA 55155 ATTN: HWIMS



Please TYPE (Form designed for use on elite (12-pitch) typewriter) or print LEGIBLY. Instructions on cover page.

OMB No. 2050-0039 EXPIRES 9/30/92

I UNIFORM HAZARDOUS	Generator's US EPA ID NoA · D · O · 5 · 1 · O · O · 1 · 3 · 3 · 7	Manifest cument No.	2. Page 1 of 1		shaded area not leral law. Minne- re Items H. and I.
736 Federal St. Davenport,	rom mailing address.) IA. 52801	erent	A. State Ma MN 1 4 B. State Ger	17368 nerator's ID	nt Number
Generator's Phone (319-328-2050 County: Scott Transporter 1 Company Name Clean Streams Inc. Generator's Phone (319-328-2050 County: Scott 6. US EPA ID Number I. N. D. 9 8 4 8 7 4 6 0 2			C. State Transporter's ID 66278 D. Transporter's Phone 219–844–1161		
7. Transporter 2 Company Name 8. US EPA ID Number			E. State Transporter's ID F. Transporter's Phone		
9. Designated Facility Name and Site Address 10. U.S EPA ID Number U.S. Filter & Recovery Services 2430 Roseville Place			G. State Facility's ID H. Facility's Phone		
Roseville, MN. 55113 11. US DOT Description (Including Proper Shippin		8 4 7 8 12. Contai	iners	13. 14. Unit	Woode No.
a. XX Waste Cyanide Solution,	, 6.1, UN1935 PG 11		Type Qua	antity Wt/Vol	F007
b		003	0.0	1.65 1	
C.				REC'D.	OWA SEC.
R003078	888 GENTER			MAR	7 1994
d. RCRA RECORDS	CENTER		.#		
Item A: Copper Plating Solu ERG Guide # 55 15. Special Handling Instructions and Addition Keep Seperate From Acid Type	nal Information	1.154		pecols	
16. GENERATOR'S CERTIFICATION: I hereby declare are classified, packed, marked, and labeled, and are government regulations and all applicable state I If I am a large quantity generator I certify that I have a economically practicable and that I have selected the pretthreat to human health and the environment, or, if I am a management method that is available to me and that I care	that the contents of this consignment are fue in all respects in proper condition for translaws and regulations.	illy and accurat port by highway	tely described y according to	above by proper applicable intern	shipping name and ational and national
Printed/Typed Name X R.W, ERICKSON	Signature	nel	esor	~	Month Day Year
17. Transporter 1 Acknowledgement of Receip Printed/Typed Name	Signature Signature	her	helin	5 //	Month Day Year
18. Transporter 2 Acknowledgement of Receip Printed/Typed Name	Signature		RCI	RA FILE COPY	Date Month Day Year . . .
19. Discrepancy Indication Space Settl 12 change m to fine			DOCUMENT #	96	337
20. Facility Owner or Operator: Certification of Item 19.	of receipt of hazardous materials cover	ered by this r	manifest exc	ept as noted i	
Printed/Typed Name Out T	Signature	516	205	-	Month Day Year